

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-750-139**

FILING DATE **12-30-03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6		5				
7		5				
8	1					
9		1				
10		2				
11		2				
12	1					
13		①				
14		1				
15		1				
16		1				
17		②				
18		②				
19	1					
20		1				
21		2				
22		2				
23	1					
24		1				
25		1				
26		1				
27		1				
28		5				
29		5				
30	1					
31		1				
32		2				
33		2				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		5				
42		5				
43		2				
44		2				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		5				
52		2				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6 ↓		↓		↓	
TOTAL DEP.	79 ←		←		←	
TOTAL CLAIMS	85					